

EXHIBIT 1

Primary Reg. Dist. No. 5701

Ohio Department of Health - Vital Statistics

State File No. 2019031995

Registrar's No. 5700-2019001814

CERTIFICATE OF DEATH

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) ALMA DIANNE BROWDER						2. Sex FEMALE	3. Date of Death (Month/Day/Year) MARCH 28, 2019
	4. Social Security Number 272-48-6780		5a. Age (Years) 70	5b. Under 1 Year Months Days	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) FEBRUARY 25, 1949	7. Birthplace (City and State or Foreign Country) DAYTON, OHIO	
	8a. Residence State OHIO		8b. County MONTGOMERY			8c. City or Town RIVERSIDE		
	8d. Street Address and Zip Code 5149 OLENTANGY DRIVE 45431						9. Ever in US Armed Forces? NO	
DISPOSITION	10. Marital Status at Time of Death WIDOWED (AND NOT REMARRIED)						11. Surviving Spouse's Name (If wife, give name prior to first marriage)	
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE	
	15. Father's Name HOWARD CRAIG				16. Mother's Name (prior to first marriage) MARTHA M JONES			
	17a. Informant's Name JOHN EDWARD BRATTON				17b. Relationship to Decedent SON		17c. Mailing Address (Street and Number, City, State, Zip Code) 719 CRESTMONT DRIVE RIVERSIDE, OHIO 45431	
	18a. Place of Death NONHOSPITAL - HOSPICE FACILITY						18b. City or Town, State and Zip Code DAYTON, OH 45420	
	18c. Facility Name (If not institution, give street & number) HOSPICE OF DAYTON INC						18d. County of Death MONTGOMERY	
	19. Funeral Service Licensee or Other Agent ANDREW L VANDERHORST				20. License Number (of licensee) 007186		21. Name and Complete Address of Funeral Facility TOBIAS FH 3970 DAYTON XENIA RD BEAVERCREEK, OH 45432	
	22. Method and Place of Disposition CREMATION - TOBIAS CREMATORY, BEAVERCREEK, OH							
	23. Local Registrar KRISTIE HUNTER-CONLEY						24. Date Filed (Month/Day/Year) APRIL 02, 2019	
	CERTIFIER	25a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.						
25b. Time of Death 0027		25c. Date Pronounced Dead (Month/Day/Year) MARCH 28, 2019				25d. Was Case Referred to Medical Examiner or Coroner? NO		
25e. Certifier Name and Title WENDY GAY SCHMITZ MD		25f. License number 35.069185		25g. Date Signed (Month/Day/Year) APRIL 02, 2019				
CAUSE OF DEATH	27. Name and Address of Person who Completed Cause of Death WENDY GAY SCHMITZ, 324 WILMINGTON AVE, DAYTON, OH 45420							
	28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.						Approximate Interval: Onset and Death	
	Immediate Cause (Final disease or condition resulting in death)		a. METASTATIC OVARIAN CANCER				YEARS	
	Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of)					
			c. Due to (or as Consequence of)					
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		d. Due to (or as Consequence of)					
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. Was An Autopsy Performed? NO	
						29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? NOT APPLICABLE		
30. Did Tobacco Use Contribute to Death? NO		31. If Female, Pregnancy Status NOT APPLICABLE.				32. Manner of Death NATURAL		
33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			33d. Injury at Work?	
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)								
33f. Describe How Injury Occurred:						33g. If Transportation Injury, Specify:		

HEA 2724 Rev. 08/18

KRISTIE L. HUNTER-CONLEY
LOCAL REGISTRAR

APR 04 2019

Kristie Hunter-Conley